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| Client No. 2036 | | Client Name O. H. Metals | | | | Location 1002 OSweyd ST | | | | Date 3/17/87 | | | | | | | | | | | | | | | | | | | |
| Facility Equipment 1 | | Detex Clock No. — | | Weapon No. — | | Holster — | | Nightstick — | | Raiscoat 1 | | Flashlight 1 | | Other 3 Keys, Log Book & Phone | | | | | | | | | | | | | | | |
| Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports. | | | | | | Officer—Day Shift (Name) Kenneth Felling | | | | Officer—Swing Shift (Name) Robert Dooling | | | | Officer—Grave Shift (Name) Dick Kokoszki | | | | | | | | | | | | | | | |
| Shift Began 8 AM Ended 4 PM | | | | | | Shift Began 4 AM Ended 12 PM | | | | | | Shift Began 12 AM Ended 8 AM | | | | | | | | | | | | | | | | | |
| Observations or actions taken | | | | | | Yes | | No | | Explanation | | Yes | | No | | Explanation | | Yes | | No | | Explanation | | | | | | | |
| Rounds or stations missed | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Unlocked doors, gates or windows | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Unlocked vaults or safes | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Fire-smoke-or hazards | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 1. Extinguishers missing or defective | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 2. Sprinkler system defective | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 3. Fire doors or exits blocked | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 4. Rubbish accumulation | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 5. Motors running | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 6. Lights left burning | | | | | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | As needed | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Injury hazards | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Visitors | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Trespassing | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Violation of company rules | | | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Were you injured during this tour? | | Day Shift | | 1. | | 2. | | 3. | | Swing Shift | | 1. | | 2. | | 3. | | Grave Shift | | 1. | | 2. | | 3. | | | | | |
| Yes | | <input checked="" type="checkbox"/> | | Yes | | No | | Yes | | No | | Yes | | No | | Yes | | No | | Yes | | No | | Yes | | No | | | |
| 2. Did you suffer any illness? | | Yes | | <input checked="" type="checkbox"/> | | Yes | | No | | Yes | | No | | Yes | | No | | Yes | | No | | Yes | | No | | Yes | | No | |
| 3. Have you reported all accidents coming to your attention? | | Yes | | <input checked="" type="checkbox"/> | | No | | Yes | | No | | Yes | | No | | Yes | | No | | Yes | | No | | Yes | | No | | | |
| Signatures | | 1 | | Kenneth Felling | | 2 | | Robert Dooling | | 3 | | Dick Kokoszki | | 1 | | 2 | | 3 | | 1 | | 2 | | 3 | | | | | |
| Signatures | | 2 | | | | 3 | | | | | | | | | | | | | | | | | | | | | | | |
| Signatures | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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